

**2009 Moderate Residential Services For Children**



- Q1.** 1.76 – Authorized Vendor Signature – is this the front cover form which shows the procurement information?
- R1.** **Yes.**
- Q2.** 4.2.5.1.1.1 – Vendor Profile and Experience - Does this require an organizational chart and if so, do you attach in this area or in another attachment area of 4.2.5.5?
- R2.** **Yes. Insert as an attachment.**
- Q3.** 4.2.5.1.5 – Project Staff/Resumes/Job Descriptions - This sections asks for job descriptions. Should there be resume copies also? Do the job description/resume copies go in this section or in section 4.2.5.5? The explanation also asks for all key personnel who will be involved and their level of education, experience, training, etc. How do we show this information and if an attachment does it go in the attachment section of 4.2.5.5?
- R3.** **All information can be reflected in detailed job descriptions. Resumes are not necessary. Include all job description in an attachment. Reference the attachment in the appropriate section.**
- Q4.** 4.2.5.2 – Do the letters of audit finding copies go in this section or in the attachment section of 4.2.5.5?
- R4.** **Include in the section.**
- Q5.** 4.2.5.5.1 – Disclosure Statement – This section states that the legal status form must be followed by the completed copy of the Disclosure Statement. However, the Legal Status Form is in section 4.2.3. Do we add the legal status form in two places? Please explain.
- R5.** **No. Section 4.2.5.5.1 Disclosure Statement should read: The Technical Proposal must be followed by a copy of a completed copy of the Disclosure Statement.**
- Q6.** 4.2.5.3.6 – Do you include a form that shows how the assessment is done and if so where would the attachment go? Or are you just describing how the assessment measures are done?
- R6.** **Describe the assessment measures.**
- Q7.** 4.2.5.1.4 – This section discusses points that will be deducted if there has been unsatisfactory performance. What constitutes unsatisfactory performance?
- R7.** **Vendors who have performed unsatisfactory are aware of any issues that may affect them negatively.**
- Q8.** On the blind copies of the RFP, I know that there are not to be any names, etc on any of the information. Do we still include attachments and if so do we just make sure the vendor id is there and not names?

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**R8. Yes. Yes.**

**Q9.** 4.2.1 – Cover Sheet – When we are sending this sheet on the blind copies, do we just use our vendor I D number without putting address, and name of the person who is the authorized vendor signatory?

**R9. Yes.**

**Q10.** Section 1, page 7, Licensure; where do we obtain an application for licensure by DHR? Is a child placing license required?

**R10. Contact Resource Management at (334) 242-1650. No.**

**Q11.** Section 3, page 17, 3.2 B Program Requirements:

Who is responsible for the cost of and administration of the standardized assessment tool required on admission and quarterly thereafter and upon discharge?

**R11. The Vendor.**

**Q12.** Section 3, page 17, 3.2 F Program Requirements; what is the staff to client ratio requirement?

**R12. Per Minimum Standards for Residential Child Care Facilities, page 26, “The ratio of child care workers to children shall not be less than one child care worker on duty for each 8 children. Exception: During the hours of 10 PM to 7 AM the ratio of child care workers to children shall not be less than one child care worker on duty for each 10 children. The State Department may require a higher ratio of staff per child for those child care facilities serving children with more specialized needs as determined by a child’s Care/Treatment Plan and or/ISP.”**

**Q13.** Section 3, page 17, 3.2 G Program Requirements:

What are the requirements for a trainer to teach the minimum standards for residential child care facilities?

**R13. Per Minimum Standards for Residential Child Care Facilities, this program must be under the supervision of qualified staff and appropriate to the position being assumed by the new employee.**

**Q14.** Section 3, page 17, 3.2 K Program Requirements; Are all children in the program Medicaid eligible?

**R14. Not a requirement.**

**Q15.** Section 3, page 17 3.2 J:

Who provides the professional services required in the ISP?

**R15. J. refers to educational services. Not sure about this question.**

**Q16.** Section 4, page 20 4.2 Proposal Format;

Where do we get the Vendor Identified Number to include on the 6 blind copies to be sent in?

**R16. A Vendor identifier will be mailed to each Vendor shortly after the deadline for submission of the Letters of Intent.**

**Q17.** Section 3.3, page 19 of 38, Item Letter M.

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Can a Master's level individual WITHOUT a license provide social services and therapeutic services as long as they meet the Medicaid 105 Standard qualification, or does the DHR standard which exclude these individual prevail. Currently, the RFP read as though the Medicaid 105 standard should be adhered to (although there is a conflict in qualification), which by the way is preferred because it is more difficult to come by licensed professionals.

**R17. At this point, the Minimum Standards is the higher of the standards and must be followed.**

**Q18.** Section 1.2, page 7 Licensure/Certification/Credential Requirements

Is this the only licensing option available for this program? In the 2007 RFP, it stated the Vendor must be licensed by DHR, DMH, JACHO, COA or CARF. Why has the licensing option changed to only DHR? Can the program be licensed by DMH?

**R18. It was in the Department's best interest to do so. DHR or DMH.**

**Q19.** 1.2 LICENSURE/CERTIFICATION/CREDENTIAL REQUIREMENTS

Vendors must be licensed by DHR. Vendors must have a current license or have submitted a completed application to be licensed no later than **Thursday, March 12, 2009.**

We currently own a facility that was licensed in the past for an 8 bed group home. The facility is large enough to comfortably house 16 - 18 children.

We recognize that group home is no more than 10 but in the minimum standards it states that we can have two living units in one building. We would like to apply for licensure for 18 beds each wing of the building having 9 beds.

Can you clarify if we are understanding that we can apply for Child care Intuitionall license for this capacity or what options we could apply. Also with an 18 bed unit, would this require a commercial kitchen?

**R19. You may apply for a child care institution license for a license capacity more than 10. Yes, the Minimum Standards for Residential Child Care Facilities states living units shall accommodate groups not to exceed 10 children per living unit, but with a maximum of two living units in a single building.**

**In regards to the commercial kitchen requirement, the Health Department will determine if a commercial kitchen is needed during the required health inspection. See Minimum Standards for Residential Child Care Facilities, page 34 regarding Health Inspection.**

**Q.20** 3.3 CORE SERVICES FOR MODERATE RESIDENTIAL PROGRAMS, **A.** Monitor and administer medication, as appropriate to meet the needs of the individual child.

Are there any or the anticipation of any changes in guidelines for Medication Administration?

Is it anticipated that either Nurse Delegation standards or direct nursing care requirements for medication administration may go into effect during this contract period for either group home or institution licensure requirements?

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For budgeting purposes, if there are changes in medication administration requirements, will this cost to initiate changes be absorbed by the provider into the 140.00 rate or will the department consider increase on basis of cost of initiating such new standards?

**R20. Possibly. Possibly. No, there will be cost adjustments. It is unclear if there will be any additional costs to meet these guidelines.**

**Q21.** Letter N, page 18 says "submit outcome data monthly in the form prescribed by SDHR. Can you explain what this is and what date will be submitted each month?

**R21. It will not be necessary at this point, unless requested. Any future formats will be shared with providers prior to their becoming mandatory.**

**Q22.** Section 1.9, page 10, Submitting A Proposal, Subsection 1.9.1 Required Copies and Deadline for Receipt of Proposals which states: The original and one (1) copy must be a standard proposal and must clearly identify the Vendor and their experience. The remaining six copies of the proposal must omit the Vendor's name, staff names, etc., and substitute the Vendor's name with the identifier assigned by DHR.

How will this identifier be assigned and when will it be distributed to vendors?

What is the reason for using the identifier? Is it to disguise the name of the vendor during the evaluation process? If so, there are several areas or items that will be submitted that will still reveal who the vendor is, such as the Taxpayer Identification Verification (section 1.7.3), the Disclosure Statement (section 1.7.4), the Cover Sheet (section 4.2.1), the Legal Status Form (section 4.2.3), the Licenses/ Certificates/ Credentials (section 4.2.4); as well as stating the Office Location (section 4.2.5.3.7). How do we use the identifier in these areas? Do we use it on the Cost Proposal too?

**R22. A Vendor identifier will be mailed to each Vendor shortly after the deadline for submission of the Letters of Intent. Vendors must utilize the Vendor identifier to replace the Vendor's name on all documents included in the blind copies.**

**Q23.** I am writing in regards to the Moderate Residential Services RFP# 2009-100-01 Section 3.3. Core Services for Moderate Programs, page 19 of 38, Item Letter M. This item states that the vendor must " **Provide individual counseling, as needed and authorized in the ISP, to meet the child's treatment goals. Individual counseling must be provided by a qualified professional that meets the definition as described in Chapter 105 of the Medicaid Manual.**"

Question:

The Medicaid 105 Manual for Individual Counseling (90804-HE 90804-HF) states that Eligible Staff for this service includes: mental illness, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services. The following quoted from the Medicaid 105 Manual:

"Individual counseling may be performed by a person who possesses any one or more of the following qualifications..." The particular qualification that interest me is the last which states that individual services may be provided by "An individual possessing a

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master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who meets at least one of the following qualifications: (1) has successfully completed a practicum as part of the requirements for the degree, or (2) Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of postgraduate clinical experience."

However, the Minimum Standards for Residential Child Care Facilities by DHR states (p.17) that "Staff rendering social services must meet at a minimum one of the following criteria "(1) A social worker licensed under Alabama law..., (2) The individual may be licensed at the following levels (a) a licensed graduate social worker (LCSW), or (b) a licensed certified social worker (LGSW), or a Licensed bachelor social worker (LBSW) with continuing supervision from a person licensed as specified above., (3) A professional counselor licensed under Alabama law, or (4) a psychologist licensed under Alabama law."

While the Medicaid 105 also states that the above individuals are qualified, the DHR standards does Not include the aforementioned qualification of a Master's degreed individual who does not possess a license. My question is as follows...

**Can a Master's level individual WITHOUT a license provide social services and therapeutic services as long as they meet the Medicaid 105 Standard qualification, or does the DHR standards which exclude these individuals prevail. Currently, the RFP reads as though the Medicaid 105 standard should be adhered to (although there is a conflict in qualification), which by the way is preferred because it is more difficult to come by licensed professionals.**

**R23. See R17.**

***Note: Vendors must receive a minimum score of 850 points to be considered for a contract.***